

Strengthening Families Program for Parents and Youth 10–14

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Program developers or their agents provided the Model Program information below.

BRIEF DESCRIPTION

The Strengthening Families Program for Parents and Youth 10–14 (SFP 10–14) is a video-based intervention designed to reduce adolescent substance use and other problematic behaviors in youth 10 to 14 years age. The program is delivered within parent, youth, and family sessions using narrated videos that portray typical youth and parent situations.

Sessions are highly interactive and include role-playing, discussions, learning games, and family projects designed to:

- Improve parenting skills
- Build life skills in youth
- Strengthen family bonds

The basic program is delivered over 7 weeks, usually in the evenings. Four optional booster sessions can be held 3 to 12 months after the basic sessions. The teaching manual and videos are available in Spanish in an adapted version called “Familias Fuertes.” A nonvideo version is available in English for other ethnic groups who may not relate to the program videotapes.”

PROGRAM BACKGROUND

SFP 10–14 resulted from a major revision of the original Strengthening Families Program developed by Karol Kumpfer, Ph.D., and colleagues at the University of Utah. The programs are the same in format and overall goals; differences between the two programs include intended audience (age and degree of risk), risk and protective factors addressed, teaching methods and topics. This major revision was called the Iowa Strengthening Families Program (ISFP) and was tested in a longitudinal study conducted from 1992 until the present. Positive results from this initial study prompted further revision of program activities and videotapes to make the program sensitive and accessible to African American, Hispanic/Latino, and White families. Controlled studies of outcomes of a revised program for African American families are underway. Several etiological and intervention models (e.g., a biophysical vulnerability model, a resiliency model, and a family process model linking family stress and adolescent adjustment) influenced the development of SFP 10–14. The program is now being used by agencies in 41 States, Central America, England, and Sweden.



RECOGNITION

MODEL PROGRAM

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

EXEMPLARY PROGRAM

U.S. Department of Education

EXEMPLARY PROGRAM

Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice

EFFECTIVE PROGRAM

National Institute on Drug Abuse, U.S. Department of Health and Human Services

TOP PROGRAM

World Health Organisation citation

IOI CLASSIFICATION

UNIVERSAL, SELECTIVE

The scientific evaluations have been conducted with a universal audience. Community-based, nonscientific evaluations across the country have shown positive results with selective audiences.

INTERVENTION TYPE

COMMUNITY-BASED

The program is typically delivered in a public school, house of faith, community center, or family service agency on weekday evenings or Saturdays.

CONTENT FOCUS

ALCOHOL, ILLEGAL DRUGS, TOBACCO, ANTI-SOCIAL/AGGRESSIVE BEHAVIOR

ALCOHOL, ILLEGAL DRUGS, TOBACCO

SFP 10–14 is a video-based intervention designed to reduce adolescent substance use and other problematic behaviors in youth 10 to 14 years of age.

Parents as a primary target population:

The program is delivered within parent, youth, and family sessions. The program assists parents in gaining a better understanding of youth development, special family needs, and an understanding of risk and protective factors.

INTERVENTIONS BY DOMAIN

INDIVIDUAL, FAMILY, PEER

INDIVIDUAL

Social group work combined with life and social skills training

FAMILY AND PEER

Task-oriented family education sessions combining social and communications skills training to improve family interaction and problem-solving

KEY PROGRAM APPROACHES/COMPONENTS

PARENT TRAINING, SKILL DEVELOPMENT

PARENT TRAINING

- Parent sessions consisting of presentations, role-plays, group discussions, and other skill-building activities. Videotapes are used for most sessions to standardize program delivery and demonstrate effective parent-child interactions.

SKILL DEVELOPMENT

- Youth sessions engage each youth in small- and large-group discussions, group skills practice, and social-bonding activities. Topics are presented in game-like activities designed to engage participants and maintain their interest while learning.
- Family sessions use specially designed games and projects to increase family bonding, build positive communication skills, and facilitate learning to solve problems together.
- Two family sessions use videotapes to demonstrate how to effect positive family change and maintain program benefits by holding regular family meetings and working together to help youth deal with peer pressure.

HOW IT WORKS

The program is delivered to 8 to 13 families at once. It is recommended that the group size be smaller when dealing with families where parents have begun to have concerns over problematic behavior. During the basic program, parents and youth meet in separate groups for the first hour and together as families during the second hour to practice skills, play games, and do family projects. Program activities include the following:

- **Parent sessions** consisting of presentations, role-plays, group discussions, and other skill-building activities. Videotapes are used for most sessions to standardize program delivery and demonstrate effective parent-child interactions. There is another version of the parent sessions (available in English and Spanish) that includes role-plays and posters and is suitable for groups who wish to use the program without the videos.
- **Youth sessions** engage each youth in small and large group discussions, group skill practice, and social bonding activities. Topics are presented in game-like activities designed to engage participants and maintain their interest while learning.

- **Family sessions** use specially designed games and projects to increase family bonding, build positive communication skills, and facilitate learning to solve problems together. Most of each family session is spent within individual family units with parents and youth participating in discussions and projects. Two of the family sessions use videotapes to demonstrate how to effect positive family change and maintain program benefits by holding regular family meetings and working together to help youth deal with peer pressure.

The program is typically delivered in a public school, house of faith, community center, or family-serving agency on weekday evenings or Saturdays. At least two rooms (one for youth and one for parents) are required for each session, with family sessions taking place in the larger of the two rooms. An additional room may be needed for childcare for younger children.

Program planning and family recruitment should begin at least 2 months prior to the 7-week program. Some communities have found it helpful to hire a community member who knows the families to help in one-on-one outreach.

Three group leaders are needed: one for the parent sessions and two for the youth sessions. Group leaders teach from materials provided during youth, parent, and family sessions. During family sessions, group leaders engage in less teaching as their role changes to facilitator and coach. Each group leader is responsible for three or four families and works with the same families each week.

Training and Technical Assistance

Group leaders for SFP 10-14 should have strong presentation and facilitation skills and experience working with parents or youth. They must attend a 2-day or 3-day training that includes participating in nearly all activities of the program. Typically, group leaders require 1 to 2 hours of additional preparation for each weekly session; they teach youth or parent sessions and facilitate the family sessions during weeks 1 through 7. Onsite training is available as well as subsequent technical support by phone. A train-the-trainer protocol also is offered.

Materials

Teaching manuals and videos are available for the basic and booster sessions; they include masters for all handouts, posters, and game cards. Promotional materials may also be ordered. For most sessions, one TV/VCR is required; for two sessions, two sets are needed. A flip chart with markers is used in both the parent and youth sessions. Miscellaneous materials are needed that may be borrowed or donated, including a camera or camcorder, film, blindfolds, string, kitchen timer, baseball caps, dice, fabric strips, pencils, clothespins, glue, tape, candy, etc. The teaching manual and videos are available in Spanish in an adapted version called "Familias Fuertes." A nonvideo version is available in English for other ethnic groups who may not relate to the program videotapes."

OUTCOMES

DECREASES IN SUBSTANCE USE, IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS, OTHER TYPES OF OUTCOMES

DECREASES IN SUBSTANCE USE

- 26% to 56% relative reduction in “ever use” of substances at 4-year followup, depending on the substance
- 32% to 77% relative reduction in conduct problems at 4-year followup, depending on the behavior
- Delayed onset of other problematic behaviors behavior

IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS

- Increased resistance to peer pressure

OTHER TYPES OF OUTCOMES

- Increased ability to set appropriate limits and show affection to and support for their children

Benefits

Youth:

- Reduced drug use
- More positive future orientation
- Improved emotional management skills
- Increased ability to recognize positive-influence qualities in other youth
- Ability to handle negative peer pressure

Adults:

- Better understanding of youth development
- Willingness to get help for special family needs
- Ability to make specific rules regarding youths’ use of substances
- Understanding risk and protective factors for youth

An analysis of data demonstrated positive results for both parents and youth. Comparisons between the intervention and control groups showed significantly improved parenting behaviors (e.g., communicating specific rules and consequences for using substances, controlling anger when communicating with the child, positive involvement with the child, and better communication with the child). Analyses of youth substance use and use-related child outcomes (e.g., substance use, problem conduct, school-related problem behaviors, affiliation with antisocial peers, peer resistance) have demonstrated positive outcomes at followup assessments. Compared with youth in the control group, those in the intervention group showed statistically significant delays in initiation of alcohol, tobacco, and marijuana use. For some outcomes, positive results—differences between youth who attended the program and the control youth—actually increased over the 6 years of followup assessment.

EVALUATION DESIGN

The program has been scientifically evaluated in a randomized, controlled test with families of sixth graders (at pretest) through Project Family at the ISBR at Iowa State University. This large-scale, experimental design trial involved random assignment of 33 Iowa Public Schools. Outcome evaluations entailed the use of multi-informant, multimethod measurement procedures at pretest, posttest, and follow-up data collections completed approximately 1/2, 1 1/2, 2 1/2, 4, and 6 years after pretest. Assessments included in-home videotapes of families in structured family interaction tasks and in-home interviews that included scales from standardized instruments and commonly used measures such as the National Survey of Delinquency and Drug Use. A total of 161 families participated in 21 intervention groups at 11 different schools, with group sizes ranging from 3 to 15 families. Participation rates were high among pretested families. Ninety-four percent of attending pretested families were represented by a family member in five or more sessions.

DELIVERY SPECIFICATIONS

5–24 WEEKS

Amount of time required to deliver the program and obtain documented outcomes:

The basic program is delivered over 7 weeks, usually in the evening. Four optional booster sessions can be held 3 to 12 months after the basic sessions.

The program is typically delivered in a public school, house of faith, community center, or family-serving agency on weekday evenings or Saturdays. At least two rooms (one for youth and one for parents) are required for each session, with family sessions taking place in the larger of the two rooms. An additional room may be needed for childcare for younger children.

INTENDED SETTING

RURAL, URBAN, SUBURBAN

FIDELITY

Components that must be included in order to achieve the outcomes cited by the developer:

- Program planning and family recruitment should begin at least 2 months prior to the 7-week program. Some communities have found it helpful to hire a community member who knows the families to help in one-on-one outreach. Successful recruitment most often involves personal contact and invitation. This is best done by paraprofessionals who are known and respected in the neighborhood or community.
- Three group leaders are needed: one for the parent sessions and two for the youth sessions. Group leaders teach from materials provided during youth, parent, and family sessions. During family sessions, group leaders engage in less teaching as their role changes to facilitator and coach. Each group leader is responsible for three or four families and works with the same families each week.

- Facilitators must use a strength-based approach, understanding that all families have strengths. Parents must be respected as the experts in their family and the parenting techniques offered as tools for them to choose between.

BARRIERS AND PROBLEMS

Barrier: A barrier to successful recruitment is the assumption that written material, such as announcements, fliers and newsletters, is sufficient to recruit families.

Solution: Personal invitation by agency staff or by other families is the most effective recruitment. A series of reports to program developers from sites that have been both successful and unsuccessful in recruitment verify this finding.

Problem: Some groups have had implementation problems by including a large percentage of youth with severe behavior problems in a single group.

Solution: While youth with attention and behavior problems can benefit from the program, not more than one or two such children should be in the same group.

Problem: At times, facilitators become frustrated over the lack of parenting skills of a group of caregivers.

Solution: While caregivers of all skill levels have been successful in the program, a respectful strength-based approach is important regardless of the parental skills.

PERSONNEL

PART-TIME, PAID, VOLUNTEER

Three group leaders are needed: one for the parent sessions and two for the youth sessions. Group leaders teach from materials provided during youth, parent, and family sessions. During family sessions, group leaders engage in less teaching as their role changes to facilitator and coach. Each group leader is responsible for three or four families and works with the same families each week.

Typical personnel problems encountered by users when implementing this program, and potential solutions:

At times, facilitators become frustrated over the lack of parenting skills of a group of caregivers. While caregivers of all skill levels have been successful in the program, a respectful strength-based approach is important regardless of the parental skills.

EDUCATION

SPECIAL CERTIFICATION, SPECIAL SKILLS

Group leaders for SFP 10–14 should have a strong presentation and facilitation skills and experience working with parents and youth. They must attend a 3-day training that includes participating in nearly all activities of the program. A 2-day option is also available. Typically, group leaders require 1 or 2 hours of additional preparation for each weekly session. While there are no specific degree requirements for facilitators, they must be flexible, willing to maintain program fidelity, provide a pleasant atmosphere, and be respectful of youth and parents.

PERSONNEL TRAINING

Type: SEMINARS/WORKSHOPS, CLASSROOM

Location: ONSITE (OF USER)

Length: BASIC

LOCATION

Onsite training is available as well as subsequent technical support by phone. A train-the-trainer protocol also is offered.

LENGTH

Group leaders must attend a 3-day training that includes participating in nearly all activities of the program. Typically, group leaders require 1 to 2 hours of additional preparation for each weekly session; they teach youth or parent sessions and facilitate the family sessions during weeks 1 through 7. A 2-day training is available for groups whose finances make the cost of a 3-day training prohibitive.

COST (ESTIMATED IN U.S. DOLLARS)

\$5,001–\$10,000, \$10,000+

Cost considerations for implementing this program as recommended by the developer:

Budget costs per group: \$1,000 to \$10,000

Implementation costs vary according to several factors, including whether or not meals, child care, and transportation is provided and whether or not agency staff or paid facilitators are used. The following costs are an average from data provided by five sites across the US.

Facilitators, 3 individuals at \$2,000 for Sessions 1–7 \$6,000

Child care, \$50 per night for Sessions 1–7 \$350

Transportation for 7 nights \$200

Meals at \$6/meal, \$150/night \$1,050

Recruiter at \$10/hour, 40 hours \$400

Optional incentives \$150–\$2,000

Optional: Director/Coordinator

for agencies doing 8–10 groups/year \$26,000

Training costs:

3-day training \$3,500

Travel for one trainer (for groups up to 15), estimated \$900

Travel for two trainers (for groups 16 to 30), estimated \$1,800

TRAINING COSTS: TOTAL FOR GROUPS UP TO 15	\$4,400
TRAINING COSTS: TOTAL for GROUPS 16–30	\$5,300
Optional 2-day training	\$2,500 plus travel
Training of Trainers	\$500 per individual
2 or 3 from same agency	\$1,000

Materials costs:

Teaching manual for Session 1–7, \$175 each, 1 per facilitator . .	\$425
Teaching manual for Booster Session 1–4, 1 per facilitator	\$150
Videos (9) for Sessions 1–7	\$250
Videos (2 additional) for Booster Sessions 1–4	\$60
Promotional video	\$10
Promotional brochure, 8-page, color, \$.25 each, 100	\$25
Love and Limits Magnets for parents’ home practice assignments, \$1.25 each	\$12.50
Set of 40 laminated posters	\$50
Family supplies, \$15 per family	\$150
Handouts, game cards (copied from masters provided in teaching manuals)	\$50
TV/VCR (27 inch)	\$350
TOTAL FOR ONE GROUP, WITH PROMOTIONAL MATERIALS .	\$1532.50
.(Add shipping)
(All but the \$50 for family supplies may be reused for additional groups.)	

INTENDED AGE GROUP

CHILDHOOD (5–11), EARLY ADOLESCENT (12–14)

This program was developed for children ages 10 to 14.

INTENDED POPULATION

AFRICAN AMERICAN, WHITE

SFP 10–14 has been tested with White rural families in economically disadvantaged areas and with African American families in an urban setting. It has also been successfully implemented with a wide range of others, including families in low-income housing projects, court-ordered, and middle-income families in suburban areas. American Indian, Hispanic/Latino, and Asian immigrant families also have successfully participated in the program.

GENDER

BOTH GENDERS

Program is developed for both genders.

REPLICATIONS

1. CONTACT INFORMATION

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A listing of all agencies that have sponsored a training and have implemented the program are listed on our website, www.extension.iastate.edu/sfp.

RACIAL/ETHNIC COMPOSITION OF PARTICIPANTS

African-American families

Hmong (East Asian) families

American Indian families

Non-English speaking Hispanic/Latino families (Tested by the Pan American Health Organization.)

ADAPTATIONS

SUMMARY DESCRIPTION

A new program version with both teaching manual and videos is available in Spanish.

Hispanic/Latino, Hmong Asian, American Indian: Adapted language and cultural issues related to daily family experiences, cultural traditions and customs.

Alaska Native adaptation includes methodological changes made in order to conform to 5-week residential treatment schedule.

CONTACT INFORMATION

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INTENDED SETTINGS

The SFP 10-14 has been adapted on Indian tribal lands, within schools, churches, substance-abuse prevention centers, and community centers.

DELIVERY LOCATIONS

African American: The present version of the program (adapted from the original ISFP) was tested with African-American families in the Harambee Project in Des Moines.

Alaska Native: The Tanana Chiefs Conference of Fairbanks, has adapted the program for use in their drug rehabilitation treatment center.

American Indian: A community center in Minneapolis, MN has adapted SFP 10-14 for American Indian families.

Hispanic/Latino: The Cooperative Extension Service of Texas A&M has used a nonvideo program version with hundreds of recent Mexican immigrants.

Hispanic/Latino: The Cooperative Extension Service of Washington State University has used the translated Spanish materials with community groups in their State.

Hmong: A school in Eau Claire, WI adapted the program for the Hmong population, consulting with Hmong leaders and using Hmong facilitators.

PERSONNEL CAPACITY AND TRAINING

Facilitators must receive a training designed to include ethnic adaptations. Additional teaching manuals and videos are required for groups using the nonvideo version and for group using the Spanish language version of the program.

COST ESTIMATES

The training cost is the same.

The nonvideo version of the parent sessions costs an additional \$75. The Spanish version costs \$450.

OTHER DIFFERENCES BETWEEN THE DEVELOPER'S IMPLEMENTATION OF THE MODEL PROGRAM AND ADAPTATION

The original revision of the ISFP in 1996 was adapted to make it appropriate for diverse audiences by making the program more interactive, especially the youth sessions.

When the nonvideo version of the program is used with other ethnic groups, often two facilitators for parent sessions are used to take the place of video role plays in order to act out typical family scenes.

The Spanish language version of the program has a few additional activities, based on cultural needs identified by the Pan American Health Organisation.

All groups making adaptations are encouraged to substitute culturally appropriate examples as the program is being taught.

CONTACT INFORMATION

ABOUT THE DEVELOPER:

The primary author of SFP 10–14 is Virginia Molgaard, Ph.D., a research scientist at the Institute for Social and Behavioral Research (ISBR) at Iowa State University who also has been State family life specialist for the Iowa State University Extension (ISUE). At ISBR, Dr. Molgaard is director of Prevention Program Development. At ISUE, she linked ISBR research with the State of Iowa, providing training and consultation with staff. She continues to provide support for further program testing and national dissemination of SFP 10–14.

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